



**2020 Champions of Infection Prevention and Control  
Chapter Participation Confirmation**

**Candidate Name:** \_\_\_\_\_

**Chapter Name:** \_\_\_\_\_

**Name and Chapter Position of Chapter Officer completing this document:**

\_\_\_\_\_

**Briefly describe how the candidate has actively participated in the Chapter.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Chapter Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_